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ADOPTED

BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

#39 February 28, 2023

CELIA ZAVALA
ACTING EXECUTIVE OFFICER

February 28, 2023

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

**REQUEST TO ACCEPT COMPROMISE OFFER OF SETTLEMENT
FOR PATIENT SEEN UNDER THE
TRAUMA CENTER SERVICE AGREEMENT
(ALL SUPERVISORIAL DISTRICTS)
(3 VOTES)**

SUBJECT

To request Board approval for the Director of Health Services (DHS), or designee, to accept a compromise offer of settlement for a patient who received medical care at either a County facility and/or at a non-County operated facility under the Trauma Center Service Agreement. The compromise offer of settlement referenced below is not within the Director's authority to accept.

IT IS RECOMMENDED THAT THE BOARD:

Authorize the Director of Health Services (Director), or designee, to accept the attached compromise offer of settlement, pursuant to Section 1473 of the Health and Safety Code, for the following individual account:

Patient who received medical care at County facility:

Harbor UCLA Medical Center – Account Number 102406715 in the amount of \$3,000.00

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Patient who received medical care at County facility: The compromise offer of settlement for this patient account is recommended because the patient is unable to pay the full amount of charges and the compromise offer represents the maximum amount the Department of Health Services (DHS) was able to negotiate or was offered.

It is in the best interest of the County to approve the acceptance of the compromise offer, as it will enable the DHS to maximize net revenue on this account.

Implementation of Strategic Plan Goals

The recommended action will support Strategy III.3 “Pursue for Operational Effectiveness, Fiscal Responsibility, and Accountability” of the County’s Strategic Plan.

FISCAL IMPACT/FINANCING

The approval will recover revenue totaling \$3,000.00 in charges.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Under County Code Chapter Section 2.76.046, the Director, or designee, has the authority to reduce patient account liabilities by the greater of i) \$15,000, or ii) \$75,000 or 50 percent of the account balance, whichever is less. Any reduction exceeding the Director’s, or designee’s, authority requires Board approval.

On January 15, 2002, the Board adopted an ordinance granting the Director, or designee, authority to compromise or reduce patient account liabilities when it is in the best interest of the County to do so.

On November 1, 2005, the Board approved a revised ordinance granting the Director, or designee, authority to reduce, on an account specific basis, the amount of any liability owed to the County which relates to medical care provided by third parties for which the County is contractually obligated to pay and related to which the County has subrogation or reimbursement rights. The revised ordinance was adopted by the Board on December 8, 2005.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Maximizing net revenues on patients who received medical care at County facilities will help DHS meet its budgeted revenue amounts.

The Honorable Board of Supervisors

2/28/2023

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Respectfully submitted,

A handwritten signature in blue ink, appearing to read "Chaly", is positioned above the printed name.

Christina R. Ghaly, M.D.

Director

CRG:RS:VP

Enclosures

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES
TRANSMITTAL 23-03-A

Amount of Aid	\$76,347.00	Account Number	102406715
Amount Paid	\$0.00	Name	Adult Female
Balance Due	\$76,347.00	Service Date	07/02/22 – 10/01/22
Compromise Amount Offered	\$3,000.00	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$73,347.00	Service Type	Inpatient

JUSTIFICATION

The patient was treated at Harbor UCLA Medical Center at a total cost of \$76,347.00. The patient has a total of \$89,876.00 in medical bills and attorney fees.

The attorney has settled the case in the amount of \$30,000.00. Due to the low recovery and the insufficient funds to fully satisfy all liens and fees the attorney proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$10,000.00	\$10,000.00	33.33%
Attorney Cost	\$650.00	\$650.00	2.17%
Other lien holders	\$2,879.00	\$2,879.00	9.60%
Los Angeles Department of Health Services (Harbor UCLA MC)	\$76,347.00	\$3,000.00	10.00%
Net to Client (Heirs)	\$0.00	\$13,471.00	44.90%
Total	\$89,876.00	\$30,000.00	100.00%